

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10-03117 FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							
2							
3							
4							
5							
6		3					
7							
8							
9							
10		8					
11							
12		1					
13		52					
14							
15							
16							
17							
18							
19							
20							
21							
22		2					
23							
24		0					
25							
26							
27							
28							
29							
30							
31							
32		0					
33							
34							
35							
36							
37							
38		2					
39		24					
40							
41							
42							
43							
44							
45							
46							
47							
48							
49							
50							
TOTAL IND.	6						
TOTAL DEP.	40						
TOTAL CLAIMS	46						

* BEST AVAILABLE COPY

	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
53							
54							
55							
56							
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95							
96							
97							
98							
99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS